



## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>11-MAR-2016</b>		TIME <b>01:56:00</b>		2. ADDRESS OF OCCURRENCE <b>1649 W DIVISION ST CHICAGO, IL 60622</b>		3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>1213</b>		4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO				
MEMBER INVOLVED	5. POSITION <b>9161</b>		6. LAST NAME <b>CHRBOT</b>		7. FIRST NAME <b>NICHOLAS M</b>		8. STAR NO. <b>12748</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>			
	11. AGE <b>510</b>		12. HT. <b>205</b>		13. WT. <b>205</b>		14. DATE OF APPT <b>01-MAY-2013</b>		15. EMPLOYEE NO. <b>014</b>		16. UNIT & BEAT OF ASSIGNMENT <b>1424R</b>			
SUBJECT INFORMATION	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME <b>MEDERICH</b>		21. FIRST NAME <b>JOHN</b>		22. MJ <b>MARK</b>			
	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RAGE <b>WHI</b>		25. D.O.B. <b>27-OCT-1994</b>		26. HT. <b>504</b>		27. WT. <b>120</b>		28. ADDRESS <b>2815 W PRATT BLVD CHICAGO, IL 60645</b>			
REASON FOR USE OF FORCE (Check all that apply)	29. TELEPHONE NO. <b>(827) 230-1669</b>		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>NORWEGIAN-AMERICAN HOSPITAL</b>		34. BY WHOM? <b>DR. CAMBRY</b>			
	35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED <b>720 ILCS 5.0/31-1-A, 8-4-030, 720 ILCS 5.0/12-3-A-2</b>		37. CS NO <b>19277773</b>		38. JR NO. <b>19277773</b>		39. DNA <input type="checkbox"/>		40. DNA <input type="checkbox"/>			
SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE		SUBJECT'S ACTIONS			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER <b>TURNTOWARDS MEM</b>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <b>GRABBED MEMBER'S WR</b>		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER <b>HANDS</b> PERCEIVED AS _____		USERS FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____		SUBJECT'S RESPONSE			
MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREA <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> COCHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input checked="" type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input checked="" type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____		MEMBER'S RESPONSE		WEAPON DISCHARGE INCIDENT	
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH	
48. TASER DART ID NO.		49. WEAPON SERIAL NO. (Include Letters)		50. CHICAGO GUN REG. NO.		51. IL FIREARM OWNER ID. NO.		52. HANDGUN CERTIFICATE NO.		53. SPECIAL WEAPON CERTIFICATE NO.		54. PROPERTY INVENTORY NO.		
55. TYPE OF AMMUNITION USED		56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		57. TOTAL NO. OF SHOTS MEMBER FIRED		58. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		
62. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		63. SPECIFY METHOD/DEVICE USED TO RELOAD		64. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		68. ADDITIONAL INFORMATION		
69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 ANY OTHER COMBINATION		70. LOG# <b>1081066</b>		71. R.D. NO. <b>HZ182692</b>		72. EVENT NO. <b>1607100833</b>		73. R.D. NO. <b>1607100833</b>		74. R.D. NO. <b>1607100833</b>		75. R.D. NO. <b>1607100833</b>		

<b>CASE INFORMATION</b>	NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			<b>1607100833</b>	<b>70. EVENT NO.</b>		
	40. ADDITIONAL INFORMATION						
<b>SIGNATURES</b>	73. REPORTING MEMBER (Print Name) <b>CHRABOT, NICHOLAS M</b> <b>11-MAR-2016 04:34:10</b>		STAR/EMPLOYEE NO. <b>12748</b>	SIGNATURE 	<b>HZ182692</b>	<b>71. R.D. NO.</b>	
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
	74. REVIEWING SUPERVISOR (Print Name) <b>FOX, DAVID A</b>	STAR NO. <b>1654</b>	SIGNATURE 	DATE REVIEWED <b>11-MAR-2016 04:36:20</b>			TIME <b>04:36:20</b>

Additional discharged weapons:

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE OF DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt. interviewed the subject in the (Former) Gang Office Interview room, in the 014th District. The Subject stated, in essence, not verbatim, that the Officers were professional, and explained why they stopped him. The subject stated that he turned towards the Officers and stated, "Black Lives Matter!" At that point, one of the Officers approached and threw him to the ground. The subject complained of discomfort to his right arm. R/Lt. ensured that medical attention was provided to subject. CFD arrived in the 014th District Gang Office and transported the complainant to the Hospital. R/Lt. ceased interviewing the subject, so as not to delay medical treatment.

### 76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

After reviewing the information available to me at this time regarding this incident, I have concluded that the subject was an assailant; his actions were aggressively offensive toward the involved Department member, by turning towards the Officer and grabbing the Officer's wrist. The involved Department member's responses, including take down and emergency handcuffing, to control and subdue the subject were in compliance with Department policy and procedure regarding the appropriate use of force.

### 77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN §63-02-05.

### 78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☐ I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

☐ LOG NO. \_\_\_\_\_ OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

### 79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

GIAMBRONE, JOSEPH W

### 80.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

### 81. TOTAL TRR's THIS EVENT No.

1

### SIGNATURE

[Redacted Signature]

### DATE COMPLETED TIME

11-MAR-2016 04:52:44